

NO1 0000006200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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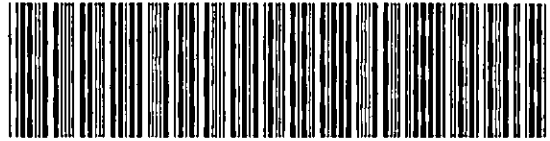
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HILLSIDE HEIGHTS PROPERTY OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N01000006200

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONIQUE DOUGLAS
Name of Contact Person

HILLSIDE HEIGHTS PROPERTY OWNERS ASSOCIATION INC
Firm/Company

P.O. Box 821
Address

HIGHLAND CITY, FL 33846
City/State and Zip Code

HILLSIDEHEIGHTSHOA@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIQUE DOUGLAS at (863) 701-8404
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HILLSIDE HEIGHTS PROPERTY OWNERS ASSOCIATION, INC.
2. The principal office address: 6056 HILLSIDE HEIGHTS DRIVE, LAKE LAND, FL 33812
3. The mailing address (if different): PO BOX 821, HIGHLAND CITY, FL 33846
4. Date of incorporation/qualification: 08/29/2001 Document number: N01000006200
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROBERT C. CHILTON, ESQ.

245 SOUTH CENTRAL AVENUE

BARTOW, FL 33830

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MONIQUE DOUGLAS

6056 HILLSIDE HEIGHTS DR

P.O. Box NOT acceptable

LAKE LAND, FL 33812

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Willie Hines
Signature of an officer or director

Willie Hines (V.P.)
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Monique Douglas
Signature of Registered Agent

26 Sep 22
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

STANDARD
TALLAHASSEE, FL

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